



**STATE OF GEORGIA
DEPARTMENT OF MOTOR VEHICLE SAFETY
COMMERCIAL VEHICLE AND COMPLIANCE SECTION
2206 EAST VIEW PARKWAY • P.O. BOX 80447 • CONYERS, GA 30013**

**APPLICATION FOR RENEWAL OF DRIVER IMPROVEMENT
INSTRUCTOR'S CERTIFICATE**

ALL RENEWALS MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO AND NO MORE
THAN 60 DAYS WITHIN THE DATE OF EXPIRATION

1. Name _____
(Last) (First) (Middle)
2. Residence Address _____
(Street – No P.O. Box) (City) (Zip Code)
3. Mailing Address _____
(City) (Zip Code)
4. Driver's License # _____ Expiration Date _____
6. Home Phone # _____ 7. Business Phone # _____
8. Cell Phone # _____ 9. E-Mail Address _____
10. Date of Birth _____ 11. Certified by (NSC, GARDE, USA, AIPS) _____

The undersigned being duly sworn, states: I am a person of good moral character and at least twenty-one years of age, that I am the applicant for the renewal of my instructor's certificate for the purpose of giving instructions in a Driver Improvement Clinic, and that the information stated herein is true.

Signature in Full

Sworn to before me this _____ day of _____, _____.

Notary Public

(Seal Required)

ATTACH THE FOLLOWING TO APPLICATION

1. One (1) photograph taken within thirty (30) days to date of filing application. The photograph must show a full view of the face, neck, shoulders and uncovered head.
2. A renewal fee of twenty-five dollars (\$25.00) in the form of a money order, cashier's check or certified check. NO PERSONAL CHECKS WILL BE ACCEPTED.
3. Complete the attached Consent for Background Form and submit with application.
4. One (1) photocopy of your curriculum certification from (NSC, GARDE, AIPS, USA).

For Office Use: Date Issued _____ Date Expires _____



Georgia Department of Motor Vehicle Safety

2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

CONSENT FOR BACKGROUND INVESTIGATION

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include all zeros)	Issue date (Exam date)	State (GA License Required) Georgia	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? ☐ Yes ☐ No

Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? ☐ Yes ☐ No

If you are now charged, under indictment, or have court hearings pending for any charges, give details below:

I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or to become an Instructor) to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: _____

Return form to the Commercial Vehicle and Compliance Section